8-6-2008 NF AUG. 0 8 2008

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

MICHAEL W. DOBBINS CHERK; U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

Regina A. Blakely

<u> </u>	County Health Department JUDGE DARRAH Defendant(s) Defendant(s) JUD MAGISTRATE JUDGE SCHE
tore rovi the the cla	rever [] is included, please place an X into whichever box applies. Wherever the answer to any question requires information than the space that is provided, attach one or more pages that refer to each such question number and ide the additional information. Please PRINT: Reginal Place
1.	Are you currently incarcerated? I,D, # Name of prison or jail: Do you receive any payment from the institution? Yes INo Monthly amount:
2.	
2.	Are you currently employed? Monthly salary or wages: Name and address of employer:
2.	Monthly salary or wages:
2.	Monthly salary or wages: Name and address of employer: a. If the answer is "No": Date of last employment: September 4, ZOO7 Monthly salary or wages: \$3,200 Name and address of last employer: Will County Health Dept.
 3. 	Monthly salary or wages: Name and address of employer: a. If the answer is "No": Date of last employment: Monthly salary or wages: \$\frac{1}{3}, 200\$ Name and address of last employer: \$\frac{1}{3}, 200\$ Name and address of l

b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes	₹No
c. ☐ Rent payments, ☐ interest or ☐ dividends Amount Received by	□Yes	×ν
d. □ Pensions, □ social security, □ annuities, □ life insurcompensation, □ unemployment, □ welfare, □ alimony or	r maintenance or 🗆	child suppor
Amount 1 99200 per mo Received by Regina	A. Blakely	□No
e. Gifts or inheritances Amount Received by	□Yes	MNo
f, Any other sources (state source: Amount Received by)	₽ \$€
Do you or anyone else living at the same residence have more to savings accounts? In whose name held: Relationship to y		
Do you or anyone else living at the same residence own any s financial instruments?	□Yes	≱ \$\o
Property: Current Value: Relationship to y	/ou:	<u>,</u> , , ,
Do you or anyone else living at the same residence own any condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property:	real estate (house □Yes	s, apartments
Type of property:Current value:		
In whose name held: Relationship to yo	ou:	
Amount of monthly mortgage or loan payments: Name of person making payments:		
Do you or anyone else living at the same residence own any authories or other items of personal property with a current market Property: 2002 Chev. Silverado 1998 Plymo Current value: approx. \$4,000.000 approx. \$1,500.000 approx. \$1,500.0000 Relationship to	value of more than XYes. Why Voyages Oyou: Spous	
List the persons who are dependent on you for support, state you indicate how much you contribute monthly to their support. If no Sharina Blakely - Child \$1,100 Approx. Roma Beard	lr relationship to ea	-

I declare under penalty of perjury that the al to 28 U.S.C. § 1915(e)(2)(A), the court sha allegation of poverty is untrue. Date: 8 / 7 / 08	bove information is true and correct. I under all dismiss this case at any time if the court frigure a. B. Signature of Application (Print Name)	determines that my
institutional officer or officers showing all in the prisoner's prison or jail trust fund accovering a full six months before you have in your own accountprepared by each in	er must also attach a statement certified receipts, expenditures and balances during counts. Because the law requires information filed your lawsuit, you must attach a sheet continuous where you have been in custody deate below completed by an authorized office	the last six monus n as to such accounts overing transactions uring that six-month
(Inca (To be complete	CERTIFICATE arcerated applicants only) and by the institution of incarceration)	
I certify that the applicant named herein, _	,I.D.#	, has the sum of
	redit at (name of institution)	
I further certify that the applicant has the t	following securities to his/her credit: e applicant's average monthly deposit was	I further
(Add all deposits from all sources and the	•	
DATE	SIGNATURE OF AUTHORIZE	D OFFICER
	Dist cont	· · · · · · · · · · · · · · · · · · ·
	(Print name)	

TOY. 10/10/2007